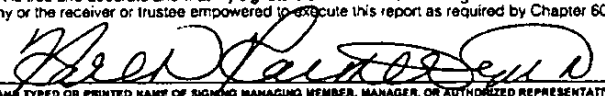


FILED
Mar 17, 2008 8:00 am
Secretary of State

02-14-2008 90073 034 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000028211		
1. Entity Name MONTENEGRO, RAIMER AND PRIETO, LLC		
Principal Place of Business 603 SEVENTH STREET SOUTH, STE. 520 ST. PETERSBURG, FL 33701		Mailing Address 603 SEVENTH STREET SOUTH, STE. 520 ST. PETERSBURG, FL 33701
2. Principal Place of Business - No P.O. Box # 625 6th Avenue S. Suite, Apt. #, etc. Suite 340 City & State St. Petersburg FL Zip 33701 County US		3. Mailing Address 625 6th Avenue S. Suite, Apt. #, etc. Suite 340 City & State St. Petersburg FL Zip 33701 County US
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 20-8639022 Applied For Not Applicable
6. Name and Address of Current Registered Agent RAIMER, KAREN M.D. 603 SEVENTH STREET SOUTH, STE. 520 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 625 6th Avenue S, Suite 340 City St. Petersburg FL Zip Code 33701
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2/11/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME ☐ Delete KAREN RAIMER MD STREET ADDRESS 625 6th AVE S STE 340 CITY-ST-ZIP St Petersburg FL 33701 President		TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Delete RAUL AND JOSE PRIETO MD STREET ADDRESS 625 6th AVE S STE 340 CITY-ST-ZIP St Petersburg FL 33701 Vice President		TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Delete RAUL MONTENEGRO MD STREET ADDRESS 625 6th AVE S STE 340 CITY-ST-ZIP St Petersburg FL 33701 Treasurer		TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE 2/11/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		